

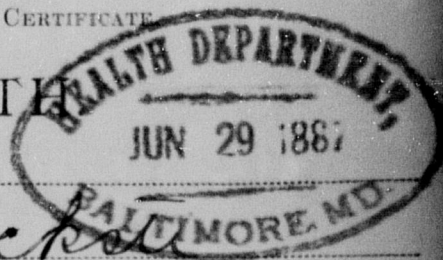
Board of Health, City of Baltimore,

Permit No. A 741 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Becker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 8 Months, 17 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 308 Mulberry St.

Cause of Death, { First, (Primary,) Cholera Infantum }
{ Second, (Immediate,) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, June 29 1887

{ Undertaker, C. H. Weber } Edw. S. Conly M. D.,
Medical Attendant.

{ Place of Business No 818 Greenmount } Address, + 935 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

742

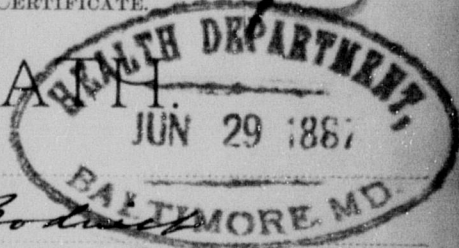
Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, June 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Bodine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widowed or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 106 N. Chappel St.

Cause of Death, {First (Primary), Cholera Infantum
Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National.

Date of Burial, June 29. 1887.

Undertaker, Frank Wach

P. P. Hooperman M. D.

Medical Attendant.

Place of Business, 827 N. Durham St. Address, 1812 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 743 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Armstrong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, _____

Life

Place of Death, { Give Street and Number. }

No 915 Stiles St

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis

Duration of Last Sickness, _____

2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 30th 1887

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway Address, _____

James H. Henry M. D.
Chief H. R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. McKeuen Sanitary Inspector [OVER]

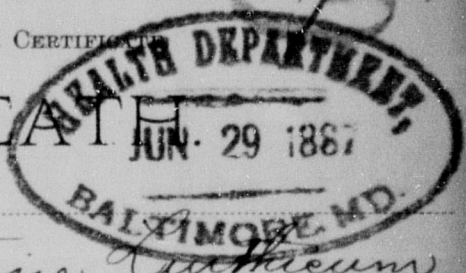
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Instruction of Physicians is respectfully invited to the remarks below, and to list of diseases on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-744 Office of Registrar of Vital Statistics. Ward 16^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, June 29 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith Valentine Cushman
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, One Years, 8 Months, 13 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give Street and Number. } 675 S. Fremont St
Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.
Date of Burial, June 30
{ Undertaker, Wm. G. Tucker & Sons } J. A. Wiley M. D. Medical Attendant.
{ Place of Business, 221 S. Eutan } Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 745 Office of Registrar of Vital Statistics Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, June, 27th 1887

Full Name of Deceased, Ethel Isabel Kurtz. { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female, { Cross out the word not if required in this line. }

Age, 3 Months, 19 Days.

Color, White.

Married, Single, Widow or Widower, Single, { Cross out the words not if required in this line. }

Occupation, City

Birth Place, City, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, 706 Mosher St., { Give Street and Number. }

Cause of Death, Cholera Infantum, { First (Primary), }
Exhaustion. { Second (Immediate), }

Duration of Last Sickness, 24 hours.
All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, June 30th 1887

Undertaker, Wm Weaver William Ricker M. D. Medical Attendant.

Place of Business, #738 N. Calverton Address, Penna Ave + Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 746 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina Urban

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Learn my

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Learn my

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, { Give Street and Number. } 1604 Shakespeare St.

Cause of Death, { First (Primary), Second (Immediate), } Puerperal Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Church.

Date of Burial, June 30th 87

Undertaker, John H. Rehberger M. D. Medical Attendant.

Place of Business, 1732 Albemarle St. Address, 1709 Alder Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Myer Spencer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 10 Months, 10 Days.

Color, ed Sex, ✓

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 602 Chestnut alley

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, June 29 1887

{ Undertaker, W. W. Madden

{ Place of Business, 446 East St

Thomas E. Sears M. D.
Medical Attendant.

Address 411 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 748 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Waggle Kessler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1027 N. Chapel St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, June 30, 1887

{ Undertaker, Henry Kessler } John Ayda M. D.

Medical Attendant.

{ Place of Business, 1023 Plant St } Address, 1937 E. Wernum St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 20
Permit No. 749 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Meenkamp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, 10 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give street and Number. } 523 Prune st

Cause of Death, { First, (Primary,) Dilatation of Heart
Second, (Immediate,) }

Duration of Last Sickness, Indefinite - Saw him but once

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, June 30 1887

{ Undertaker, A. Rosenberg } Caleb C. Winlock M. D.
{ Place of Business, 61 Park Ave } Address, 924 McCulloch st
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 50

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

June 29 - 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margie Morgan

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

675 - Penna Ave
Indigestion

Cause of Death,

{ First (Primary),

Second (Immediate),

Duration of Last Sickness,

1 - month

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem.

Date of Burial,

June 29

Undertaker,

Walter J. J. J. J.

Place of Business,

594 N. Redden

Address,

Corner Carey & ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]